DOCUMENT RESUME

ED 272 311 PS 015 961

AUTHOR Runeberg, Tutta
TITLE Childhood in Finland.
INSTITUTION Central Union for Child Welfare in Finland, Helsinki.
REPORT NO ISBN-951-9423-47-8
PUB DATE 83
NOTE 67p.
AVAILABLE FROM Central Union for Child Welfare in Finland, Armfeltintie 1, 00150 Helsinki 15, Finland.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Children; Child Welfare; Day Care; *Elementary Secondary Education; *Family (Sociological Unit); *Family Health; Foreign Countries; Legislation; *Pediatrics; Play; Preschool Education; *Social Change; Special Education
IDENTIFIERS *Finland

ABSTRACT

This booklet outlines what it is like to grow up as a child in Finland, and explains how Finnish society is looking after the new generation. The depiction begins with the birth of a child to a Finnish family, and progresses through sections describing the family as the basic unit of society, health programs, child health clinics, pediatrics in Finland, the care of handicapped children, care of the child before school age, play and children's culture, the comprehensive school, the lower secondary school, senior secondary and vocational education, children's rights and responsibilities, child-protective legislation, child welfare initiatives, (including the recently passed Child Welfare Act of 1983), parties responsible for child welfare in Finland, adolescent life and youth policy, and progress toward adulthood. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

PS 015961

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CHILDHOOD IN FINLAND

ED272311

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Pirjo Honkavaara
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Central Union for Child Welfare in Finland

Central Union for Child Welfare in Finland
publication no. 70

ISBN 951-9423-47-8
ISSN 0358-5557

Forssan Kirjapaino Oy - Forssa 1983

TO THE READER

This booklet outlines what it is like to grow up as a child in Finland, and explains how Finnish society is looking after the new generation.

A child is entitled to physical and mental growth in a secure environment. He is also entitled to his national traditions and culture. Security, upbringing and stimulus are primarily provided by his parents, family, relations and immediate childhood surroundings.

In Finland the government, local authorities and various private organizations also work for the good of the child. They provide the framework for advancing his overall well-being and come to the aid of parents when they are unable to cope with their responsibilities alone.

The original Finnish text of the booklet was written by Tutta Runeberg; the photographs are by Kristian Runeberg, the lay-out by Yrjö Klippi and the English translation by Diana Tullberg.

Employees of the Central Union for Child Welfare in Finland also helped compile and edit the material.

Helsinki, International Day of the Child 1983
CENTRAL UNION FOR CHILD WELFARE IN FINLAND

A CHILD IS EXPECTED

A Finnish child is born into what is in many ways a secure environment. The advanced medical system, antenatal counselling for parents, various features of social policy and the law affecting children and the family all ensure a 'soft landing' for the new individual. In Finland people have been working for the good of children for about a century. As a result, the child enjoys a fair degree of special care from society both before birth and afterwards, until he or she comes of age, though our changing world is constantly making new demands of this care.

THE FINNISH FAMILY

Into what kind of family is the new arrival most likely to be born? These are mere statistics but they do give a picture of the typical Finnish family in the 1980s.

The parents are unlikely to be living in the place where they themselves were born. They have moved, either to study or, more likely, to get work. They are 25—34 years old, both working, town-dwellers, still paying off the loan on their two-room home, and now expecting their first child. That child may well remain the only one; one sibling at most may be possible. At the moment the most popular girls' names are Sanna, Heidi, Hanna and Johanna, the boys' names Mikko, Antti, Juha and Janne.

In what kind of family background and society are Sanna and Mikko likely to start their lives?

Violent social change

The basic unit of rural society in the past was the extended family. Children were born into households in which several, usually three, generations lived side by side. There were lots of children and often some unmarried relation or an old person or pauper child entrusted to the household by the local poor relief.

Compared with Europe as a whole, Finland changed over to the social model dictated by the industrial revolution fairly late. As a result, rural traditions are still quite strong. The main migration into the towns and industrial communities came in the '60s. Many people even emigrated to Sweden, causing a fall in the population. In the same decade there was also a movement of women into working life outside the home.

Family structure

Families with children 692,000
Two-parent families (including 'open unions') 590,000
Single-parent families 102,000
Of these, mother and child/ren 90,700
Father and child/ren 11,000

Number of children (%)
1 child 51 %
2 children 38 %
3 children 9 %
4 or more children 2 %

Children under 18 1,197,000
Children under 7 442,000
Children of single parents (under 18) 142,600

Average number of children per family 1.7
60 % of families live in towns
40 % live elsewhere
The number of people working in farming has decreased, while industry and the services have grown considerably.

The old values and traditions came up against new practices and the need to make a living in unfamiliar circumstances, and this led to conflict. Human relations, mental health and the family structure were also put to the test. The damage resulting from the suddenness of the change is still being corrected now, in the '80s, and the process may well continue into the '90s.

Families getting smaller

Side by side with these changes there has been a rise in the level of education, a new stress on the importance of good living standards, and women have become financially independent: these, too, have had a forceful effect on family size and structure and the forms taken by family life.

In 1980, 1.2 million of the country's 4.8 million people were under 18. In 20 years the figure had dropped by over 300,000. Whereas the average number of children per family was 2.3 in 1960, the figure had now fallen to 1.7. More than half of all families have only one child. Only two families out of a hundred have four or more children.

People marrying later

The age at which people get married has risen to an average of 25, and over half the women having first babies are in the 25—34 age group. This is largely explained by the fact that parents nowadays want to complete their professional training before they have children. Studying takes time and getting the right job is no longer as easy as it used to be.

Marriage (avioliitto) is often preceded by what Finnish calls 'open union' (avoliitto), a regular relationship which is not officially sanctioned like marriage, but which is widely considered its equivalent. It is estimated that about 8 % of all partnerships are such common law marriages, involving some 200,000 Finns. Children are also born into these unions and do not necessarily prompt the parents to marry. The two-parent families included in the statistics include both forms of union.

Single-parent families more common

Attitudes to divorce have changed. It is no longer morally condemned, and women these days can better afford to disentangle themselves from an unsuccessful marriage. Economic independence has also led to greater psychological independence, and this is furthered by the support that society is ready to provide if necessary.

In 1980 there were nearly 30,000 marriages and over 9,000 divorces. There are no statistics on common law marriages. In the '70s about 100,000 children were affected by broken marriages. In five years the number of single-parent families has risen by almost 20,000 to 102,000, accounting for 15 % of the total. The increase is primarily the outcome of divorce, as the number of widowed parents has fallen.

THE FAMILY STILL THE BASIC UNIT OF SOCIETY

Though many things have changed, the family is still the basic unit of society, the nucleus within which the new generation is growing. Family policy is inevitably an important special sector of social policy these days. Considered broadly, family policy includes all the methods and means by which society can promote the family's good. More narrowly, it comprises the aims and measures that support and subsidize the establishment of the family, and preserve and develop it in the economic, psychological and physical sense. The government's main task is to ensure that its various economic, social, legal and fiscal functions back up the objectives of the family policy adopted.

Flexibility vital

Family policy is the sphere of the social services which must adapt most rapidly to meet changing needs. Social change always hits the family first and foremost if we think of the reverberations through the children far into the future.

Up to the end of the Second World War, family policy largely meant health policy. Gradually attention began to be paid to providing financial support for families with children. Levelling out family expenditure was in fact the main theme of family policy in the '50s and '60s. The following decade the emphasis shifted to child care. Now family policy is concentrating on effectively levelling out family expenses, on making day care meet the real need, and on improving family guidance and counselling.

Backing for families from the public purse

One of the first important achievements of family policy in Finland was the payment of family allowances, i.e. child benefit, on all children under 16. This came in the '40s. At that period the payments were of considerable importance in the income formation of families with children. Nowadays their importance has decreased, though in cash terms family allowances still constitute the biggest item of government expenditure on social security and welfare. The not quite 2,000 marks a year in family allowance received by a family with one child does not do much to ease their finances.

Government subsidies to families through income transfers has increased. As well as family allowances, there are maternity allowances, maternity grants, housing allowances, maintenance subsidies, child care allowances and — most recently — child home care subsidies.

The main lines of social security

Social welfare and health care come under the Ministry for Social Affairs and Health. The social security system is divided into two spheres: income security and social services. Social welfare includes some features of income security and all the social services. Both are financed from taxes. Family allowance, maintenance subsidy, maternity grants and social assistance are counted as income security and provided by national and local government.

This income security is supplemented by a system of social insurance, in which sickness insurance is important for families with children. Maternity allowance, for instance, comes into this group. Social insurance is mainly financed out of the social security contributions paid by employers and employees.

Family taxation

The government can influence the position of families with children to quite a degree by means of fiscal policy. Certain reliefs have been granted to families to balance out income tax, though they have not had the desired effect. On the other hand, families with children are among those who have benefited from the fairly stable tax situation; in the case of income tax, the burden of taxation has hardly risen since the '70s. However, the relative lightening of income tax has been counterbalanced by a rise in indirect taxes and payments, affecting, for instance, durable consumer goods and transport costs. This hits families hard.

Main emphasis on services

Since the '70s a major effort has been put into increasing services that ease the life of families with children, rather than into income transfers and tax reliefs.

Children's day care, home help services, child guidance clinics and improved health services are the most important, though in the case of day care much still remains to be done in the '80s.

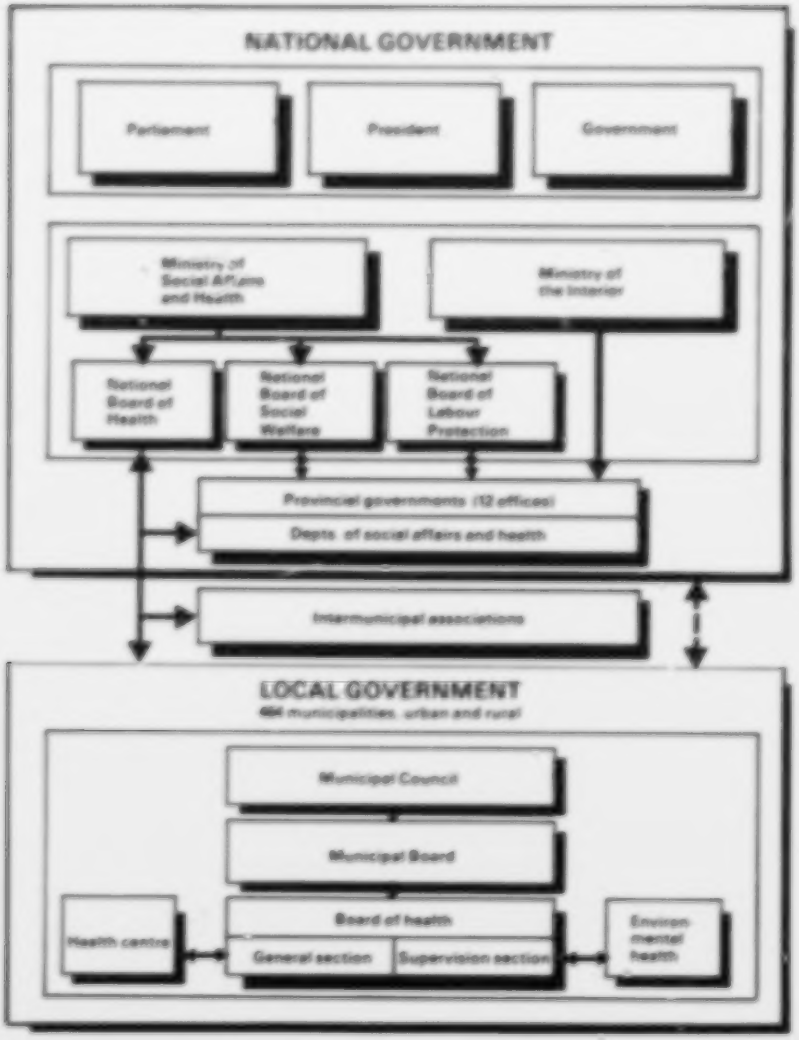
The goals of this service orientation stress preventive care. This is seen as the best way to promote family health and increase material and mental well-being.

The services are mainly provided by the municipalities. Their social welfare and health services are subsidized by central government, depending on how prosperous they are (32—65 %). This government subsidy aims at evening out local authority resources and ensuring that the people using the services do not suffer because of where they happen to live.

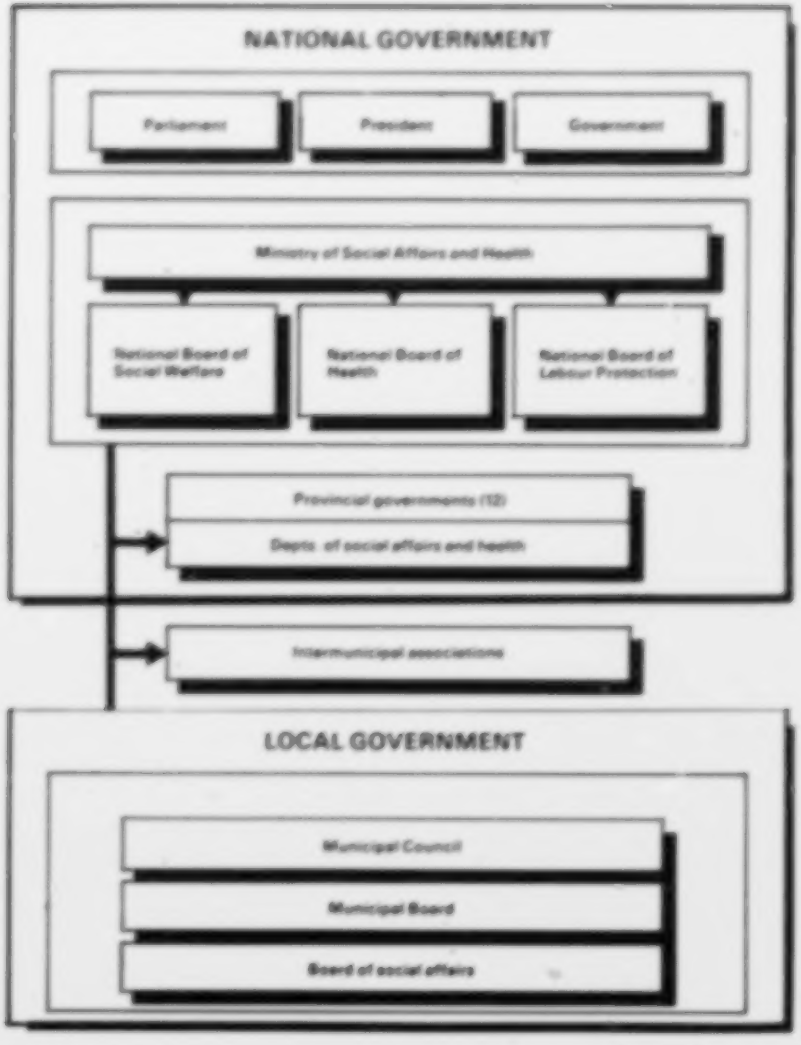
Family allowance

Family allowances in 1983
One child 1,876 marks,
two 2,172 marks,
three 2,632 marks,
four 3,424 marks
and five and over 4,124 marks a year.
A supplement of 1,080 marks a year is also paid on a child under 3.
Family allowances are paid quarterly.

HEALTH SERVICES ADMINISTRATION CHART



SOCIAL SERVICES ADMINISTRATION CHART



100 YEARS OF NATIONAL HEALTH

The first legislation on public health in Finland dates from 1879. At the end of last century a network of municipal physicians was set up, forerunner of the national health service that began to be developed intensively in the 1950s and which was underpinned by the Public Health Act of 1972.

Finland is now divided into 21 hospital regions, each with a central hospital, district hospitals and various health centres. Geographically speaking, the health service covers the whole country and is within the reach of the entire population. The Sickness Insurance Act supplements the system. The standard of physicians, health service personnel, hospital technology and medical research in Finland is high.

Health education is a vital part of national health work and has been carried out systematically since the early part of this century. The programme aims to promote health by influencing the habits of children and families. It is mainly carried out by the health services and school system, but the social services, many organizations and the media are also involved.

Over 50 years of maternity clinics

At the beginning of this century two great scourges afflicted Finnish children: the high rate of infant mortality and various infectious diseases. A private organization started up an advisory service for expectant mothers, health checks on infants, the provision of information about infectious diseases, and innoculations as early as the late '20s. After the Second World War the government assumed the responsibility for these services in association with the local authorities. The maternity and child health clinics provide their services free of charge.

Thanks to the fine work done by the clinics, the infant mortality rate in Finland is one of the lowest in the world — 6.5 ‰ — and a large proportion of the infectious children's diseases have been completely eliminated, thanks to vaccination. The work of the clinics today not only concerns physical health, but has moved into the sphere of sociopsychology. One manifestation of this is the excellent network of child guidance clinics that has been set up. Modern society sees even a small child as a whole and considers that his mental and physical health stems from many different causes.

Accident prevention a vital task

While there has been a rapid fall in mortality from various infantile and infectious children's diseases, deaths from accidents have only fallen slowly and the figure is still rather high by international standards.

However, there has been a significant improvement since the '70s, especially the latter half of the decade.

The annual figure for child deaths from accidents is 130, and 8,300 children need hospital care. So far no figures are available for open care cases, but the registration system is being improved.

The usual cause of death is a road accident or drowning. Most of the hospitalization cases are due to falls and road accidents.

Many official bodies and voluntary organizations work side by side to prevent accidents to children. In 1979 a child accident committee was set up at the Central Union for Child Welfare in Finland to act as a national coordinative body.

CAREFULLY WATCHED FROM THE FIRST WEEKS ON

From the moment her pregnancy is confirmed each mother is encouraged to use the services of her local maternity clinic. Through pregnancy, including the postnatal check-up, women make an average of 16 visits to their clinic. As well as keeping a close eye on the health of mother and foetus the clinics provide preparatory courses for parents. Expectant mothers do antenatal exercises and relaxation routines. Fathers, who are increasingly keen to be present at the birth, often join them for the counselling. The prospective parents are taken through the various stages of the delivery and are prepared mentally for the arrival of a new member of the family. The clinic also provides information about the various ways in which society can help both parents and child.

Family planning

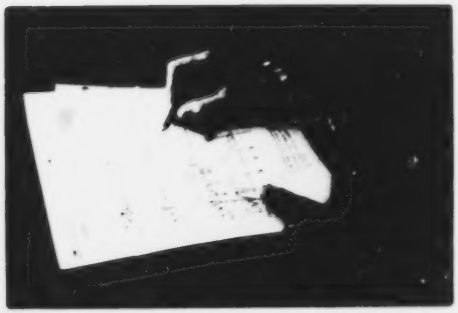
The clinics provide information about family planning, the advisable spacing of pregnancies, and the physical or social justifications for abortion. Contraception is considered the best form of family planning and the clinics advise about the various methods. Teenagers, too,

Maternity grant

Each mother of a new baby is entitled to a 'maternity grant' from the government. This can be raised in cash (440 marks in 1983) or in kind in the form of a 'baby box'. This box contains basic clothing and bedding for the new baby and a whole number of baby preparations. It is worth very much more than the cash sum. With a first baby, the box provides an excellent start, but many more experienced mothers also choose it just because it is such good value.

Maternity clinics, maternity leave, maternity allowances

Society helps parents through a maternity leave decreed by law and subsidized in cash. The current maternity leave is 258 days (excluding Sundays and public holidays), 25 of which are taken before the due date.



wanting to know more than home or school has explained, can go to the local health centre. If they are over 15, the matter remains confidential, as between patient and medical staff. Maternity clinic work is part of family guidance, and the aim is to increase readiness for responsible mother and fatherhood.

Softer births

Almost all mothers in Finland have their babies in hospital. These are well-equipped and the delivery takes place under careful supervision. The medical check given the newborn baby is thorough. Any damage caused during delivery, defects, congenital diseases or abnormalities noted during the first few days lead to immediate medical action. The mother's health is also carefully monitored and she is advised on the handling of her new baby and about breastfeeding.

One of the main principles this decade is to reduce the stress suffered by mother and child during the birth. Alleviating pain by every possible medical means is crucial. Just as important is to 'soften' the

birth situation using music or active relaxation. New-style hospital deliveries also encourage the natural approach, the presence of the father, placing the newborn baby at the mother's breast as soon as possible, rooming-in, and the right of other children in the family to see and touch the new arrival.

Mother and child are also allowed home as soon as possible. If everything has gone normally, they spend only a few days in hospital.

Giving birth in Finland's public hospitals costs very little. A normal delivery and four or five days in hospital currently costs one day's wage, measured by the industrial average. Even special treatment at these hospitals is not expensive. Considering all the various forms of assistance, having a baby can be said to be practically free. Those with very low incomes receive welfare aid. Making birth a process safe for both mother and child and something not dependent on financial standing is a good example of the line pursued by Finnish welfare and health policy.

Parents can also share the leave; the father can use up to 100 of the above number of days to help with the new arrival. Fathers are in any case entitled to 12 days 'paternity leave' when the baby is born. Anyone on statutory maternity/paternity leave is paid an allowance. In 1983 the minimum rate was 30.10 marks a day. Anyone in paid employment and earning less than 72,000 marks a year is paid 80 % of their normal earnings (above 72,000 marks only 50 %). The maternity/paternity allowance is taxable. The government and employers meet the cost jointly.

A NEW CUSTOMER FOR THE CLINIC

Development into parenthood began during pregnancy, but when the new arrival is brought home many adjustments have to be made. The rhythm of life changes, and parenthood means giving things up and a constant reappraisal of both individual identity and the relationship as a whole. At the same time a rich new pattern of life is taking shape; a family, too, has been born.

Parents are aided closely by the child health clinic. The first contact takes place in the second or third week of life, when the public health nurse makes her house call. As a new customer of the clinic, the child is given a personal 'health card' (actually a booklet) as a record which accompanies him right up until he transfers to the school health system.

The team that looks after him at the clinic is made up of a public health nurse, a doctor, a dentist and a psychologist. The child's general well-being and the monitoring of his mental and physical health are in skilled hands.

The first year important

While he is with the health clinic, each child gets special treatment. At no later stage of his life does he enjoy such careful scrutiny. But then, these are the years that create the foundation for his future health.

The mother is given information about the care of her child, especially development and the right feeding. From the first visit onwards, his height and weight are checked and his skull growth measured. Checks on vision and hearing are also made very early on.

The newborn is immediately launched on a vaccination programme. Tuberculosis, polio, whooping cough and tetanus injections are the first on the list. In the second year the child is vaccinated against measles. Before he reaches school age, he is given booster shots against polio, whooping cough and tetanus.

In 1982 a programme began using the MPR vaccine (against mumps, measles and German measles).

Monitoring psycho-motor development is vital if malfunctions are to be noted in time. Dental care starts with the right information about nutrition and parents are taught to brush the child's first milk teeth. The child visits the clinic regularly for dental checks from the age of 6 months and gets free dental care up to the age of 17.

Growth and development year by year

All the essential data concerning the child, the results of checks and tests, the vaccination programme and any illnesses, accidents, hospital treatment and operations go down on the health card.

The special tests and checks made at the clinic follow the child's development. In the second and third year a careful eye is kept not only on the child's speech and physical health but also on his mental development. At four, sight and hearing are again checked.

At five the clinic concentrates on the social aspects of the child's development, studying how he adjusts to group play, and what his relationships are like with his parents and other adults. The reasons for any timidity, aggressiveness and acute shyness are investigated at the earliest possible stage. At the moment, an intensified health check of all five year olds is being launched throughout the country, aimed at discovering in good time before school age any minor developmental disorders or congenital defects such as MBD which can be corrected or alleviated. At this stage there are still two years left to help the slightly abnormal child towards readiness for going to school with other children.

Before actually starting comprehensive school all children of 6 to 7 are put through a thorough health check.

Help with problems

At all phases of this process, the staff of the clinic keep a very close eye on various risk groups. These include the children of poor parents and those with special family problems such as rootlessness, relationship difficulties, alcohol, drugs, mental abnormalities and chronic illnesses. The children of single-parent families may also be at risk. When necessary the clinic staff and welfare officers work in association. It is the clinic's responsibility to tell parents about the treatment and help available and about forms of financial assitance.

Families need moral support

Bringing up the new generation is a great psychological challenge calling for maturity and continuous growth from the parents themselves. In this sphere, too, parents do not need to feel alone. Family counselling is many decades old in Finland, and the first 'advisory unit for the study of difficult children and guidance with rearing' was set up in 1925 by a private organization. The child guidance system that now operates under the Ministry of Social Affairs and Health was issued with its first set of principles and regulations in the '50s and an act on child guidance clinics was passed in 1972. At the end of 1982 Finland had 92 such clinics.

As part of the current overhaul of the social services, the child guidance clinic system is currently being revised. The most recent proposal

from a National Board of Social Welfare team stresses that child guidance work should be made more family-oriented, going right down to a change in the term itself. The new statutory 'family clinics' would offer a wider service to all members of the family, whatever their age. The services would include family guidance, counselling and therapy: special problems from drug and alcohol abuse right through to care of the aged would be handled by one and the same organization. The reform would call for much greater staffing, but society would be repaid in the form of less family problems and savings in institutional and hospital costs.

Figures on hospital places

Research is done at the five university central hospitals, which have over 7,000 beds. The number of hospital beds in relation to population is high. The 16 other central hospitals have about 6,500 beds and the 36 general hospitals over 6,000. There are 171 health centre hospitals, with 12,500 beds. Finland has 62 mental hospitals with close on 20,000 beds, and 13 tuberculosis sanatoria with nearly 2,500 beds. There are 266 district hospitals, with 9,000 beds, and 112 other hospitals, some private, with about 3,000 beds. Altogether there are 681 hospitals, with 73,749 beds.

PEDIATRICS IN FINLAND

Finnish medicine is of a very high standard internationally speaking, and a considerable proportion of medical research has been devoted to the good of children. Finnish doctors have done pioneering work on the importance of the rhesus factor for the newborn, on the blood in general, on care of premature babies, on child heart surgery and on surgery to correct congenital and accidentally caused disabilities.

The regional central hospitals and several district hospitals have special pediatrics departments. The university central hospitals have special pediatric wards for cancer and cardiac and rheumatic diseases, for instance. The leading hospital in this field is the Helsinki University Department of Pediatrics. The 'Children's Castle' hospital in Helsinki is also an important pediatric centre.

CARE OF HANDICAPPED CHILDREN

The acts on care of the retarded and disabled dictate the basic responsibilities of the authorities towards those with disabilities. They include not only the care and rehabilitation of the physically, developmentally or sensorily handicapped but also education, the provision of leisure activities, and vocational guidance whenever the disability allows.

The sickness insurance, child care allowance and various pension systems also provide financial support for the disabled child.

The National Board of Social Welfare has a special department for care of the disabled and at the local government level the social affairs section are required to look after the disabled and their families.

Several voluntary organizations have been set up to work for the care and interests of handicapped children which cooperate with associations of parents in acting as pressure groups to increase financial and psychological aid.

Financial aid

The Child Care Allowances Act was passed to subsidize the home care of a child with a long-term or permanent handicap, and those with

multiple disabilities and very severe sensory or developmental handicaps receive a special allowance. The diseases and conditions that qualify are not specified but decided case by case, according to the burden on the parents. However, the child care allowance far from covers the expenses involved and a system has been proposed for compensating the person looking after the child for loss of income. A handicapped child is entitled to free medication and this does something to reduce the cost burden. A disabled child also gets free x-ray and laboratory tests, physiotherapy, physical care and doctor's services at the health centres.

Moral support for the family

The handicapped child and his family need a great deal of psychological backing, as adapting to the disability is something that involves them all. The help given includes advice with this adaptation process and the services of rehabilitation therapists from the organizations for the disabled.

Special adaptation courses have been arranged under the act on care of the disabled since 1972. This act also provides for rehabilitation therapy. Therapists work on the open care principle with the child and his family, advise about the everyday care of the child, provide moral support, act as intermediaries between the home and the hospital, and ensure that normal and special services work smoothly.

Environmental planning for the disabled

The child care allowances system and the forms of moral support provided are being made more flexible. Attitude training, which applies to everyone, has been energetically promoted for some years now. Many faults in the system were brought to light in 1981, the Year of the Disabled.

Organizations for the handicapped and other civic bodies have managed to get the needs of the disabled noted in, for instance, public planning, and the regulations now require the construction of wheelchair ramps, special lifts and toilets dimensioned and designed for the disabled. Unfortunately, the disabled are still forgotten all too often in private planning and building. Keener concern may well now be shown for the disabled since in 1983, for the first time in the country's history, an MP was elected who himself has multiple disabilities and is confined to a wheelchair. The new MP immediately pointed out that even Parliament House is not designed for the disabled!

CARE OF THE CHILD BEFORE SCHOOL AGE

If the parents go out to work, the child has to be provided with day care from about the age of one. Several different models have been developed to provide this day care. There has also been considerable discussion recently about ways of encouraging child care in the home.

Day nurseries since last century

Of all the countries in Scandinavia Finland has the longest tradition of kindergartens and day nurseries. The first were founded at the end of last century to provide for children in special need of care. Even then, there was a strong emphasis on the educational aspect.

At the beginning of this century married women going out to work accounted for less than 10 % of the total female work force. Of course, in a predominantly rural society women did a good deal of the work, and this was not covered by the labour force statistics.

The number of women working outside the home has been rising all the time. Of mothers of children under seven, 78 % go out to work. As recently as the '50s the mother, other family members or relations still played a key role in day care, but in the next twenty years the figure for child minders of this kind fell to half. At the end of the '60s a system of national full-day care, extending to 24 hours in the case of shift workers, was made the goal. Implementation of this decision still continues.

The new act and the latest trends

When the current act and statute on children's day care came into effect in 1973, the spirit of the law reflected a century or so of experience of the educational importance of such care. The law requires the local authorities, with State backing, to arrange day care that covers their area geographically and meets the quantitative need. But it also refers to qualitative goals. The tenth anniversary of the legislation in 1983 was marked by the passing of a new clause prescribing the educational targets. The principle of this supplementary decree is that children's homes should be helped with the task of upbringing, and that society should work in association with the home in ensuring the balanced development of the child's personality.

The special clause emphasizes the child's need for warm, secure, lasting human relations. Special mention is given to the need for day care that implants in the child a sense of social responsibility, understanding of the need for peace, and concern for the environment. As day-care services are improved further the aim is to observe the integra-

The day-care system

There are 1,755 municipal day-care centres receiving State subsidy, and these are used by some 90,000 children.
There are 20,467 municipal family day-care homes, used by 55,000 children.
The number of private supervised family childminders is 18,887, and these look after some 30,000 children.
There are 1,685 supervised playparks, used by 25,500 children.
The 755 municipal play groups are attended by 14,000 children.
9,000 children use the 500 play groups and clubs run by various organizations.
The 6,112 play groups run by the church are used by 95,000 children.

tion principle, i.e. children with minor handicaps should be cared for side by side with other children.

Day-care centre, family day care, guidance of play and activities

These are the alternatives offered by municipal day care. The day-care centre is an institution whose location, size and forms of operation, group size, amenity level and staff training are described in detail in the day care legislation. Family day care is also a system supervised and partly financed by the local authority. It is provided by a person approved for the purpose, at home or in some other suitable place. This person may have at most four children under 7 in care, including her own. Guided play and activities are provided in municipal playparks, under activity leaders.

Moderate charges

With the exception of the very poor, parents are charged day care rates according to their income. The full-day charge for children under 6 (5—24 hours) is 110—660 marks a month depending on means. Half-day care (4—5 hours) costs 40—240 marks a month. For children of 6

and over the full-day charge is 90—540 marks, and the half-day rate 25—150 marks. The charges have risen 10 % a year recently.

Day care under constant development

According to the statistics every fourth child under school age is in day care at State-subsidized centres or in family day care. However, the demand for day-care places is greater than the supply. Day care is thought to have come only about half way in reaching the quantitative goal, and thus privately arranged day care is the only answer for many families. The number of day-care places is being increased all the time. As far as the qualitative goals are concerned, the decision has already been made on extending the training of kindergarten teachers who work in day-care centres to three years and that of qualified child care assistants to two years.

Backing for home care

A system of subsidizing the home care of children has been developed experimentally since the '70s. The aim was originally to ensure the possibility of caring for the child at home. However, the subsidy is now also being paid to parents who have their children looked after outside the home elsewhere than in municipal day care. The system is currently being pondered by both experts and government. So far the subsidy has been 700 marks a month per family, but the principles for awarding it and the actual amount are likely to be changed. Certain municipalities have developed their own home care subsidy system.

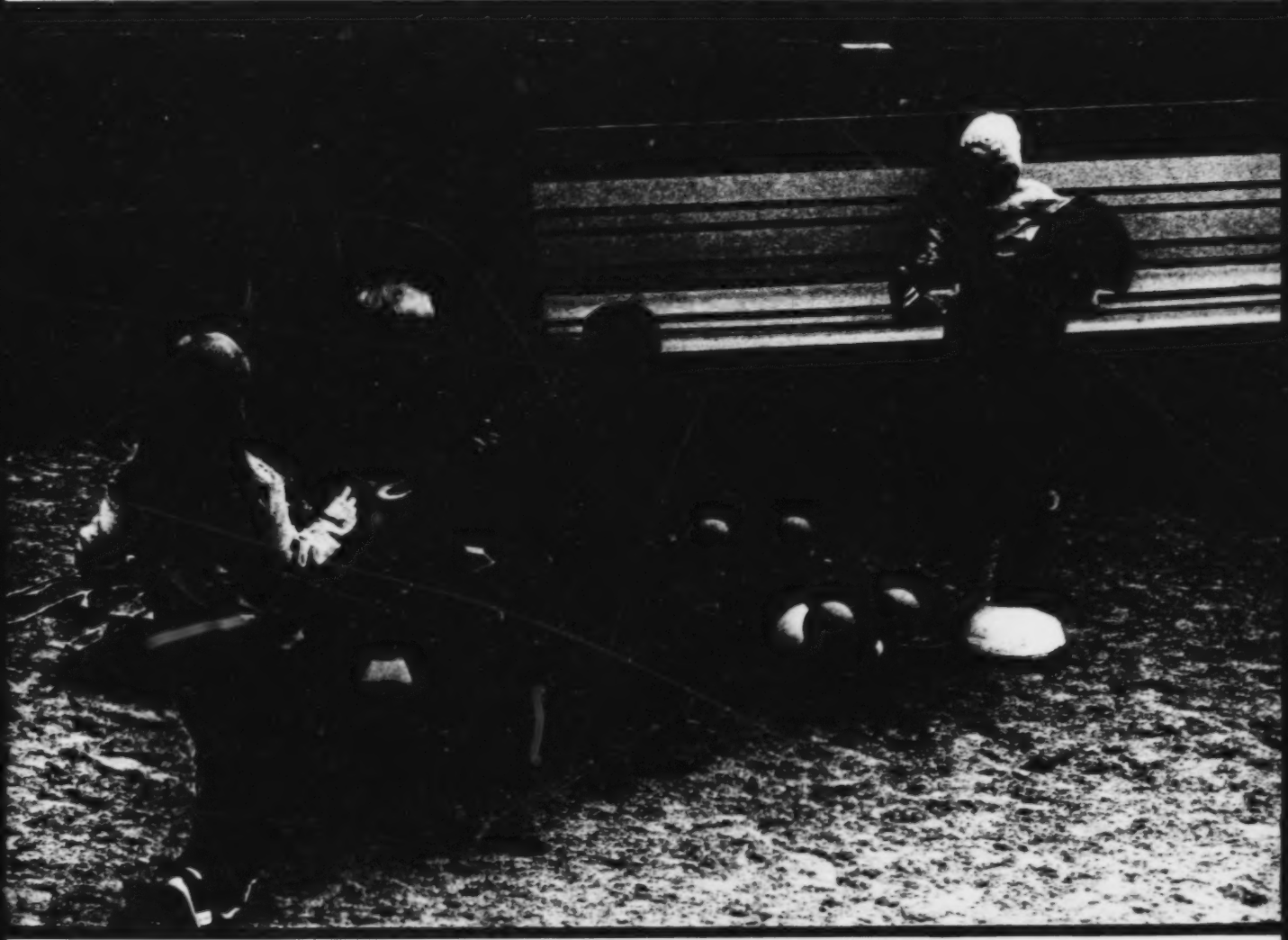
Activities for children

Various recreational clubs and play groups add to the opportunities for a small child to take part in interesting activities. Important work is done by the church and many voluntary organizations.

Various music, play-acting and handwork clubs organize activities for a few hours a day, and give busy parents trying to run the household a little time to themselves.

These forms of activity do not in themselves solve the day-care problem and do not allow parents to go out to work. Answers are sometimes provided by voluntary civic groups and residents' associations in urban blocks and in suburban areas. When people get together to discuss their everyday problems, solutions to the day-care problem can often be worked out. These informal arrangements on a voluntary, democratic basis now await legislation that will allow home care allowance, for instance, to be paid to the body actually providing the care.

Over 45,000 people are employed in the full or half-day care of the total number of children involved, i.e. some 290,000.
The day-care centres try to give as much attention as possible to the individual child. The maximum number of children in a 1 to 2 year old group is 12, and in a group of over-3s 20.



PLAY AND CHILDREN'S CULTURE

The capacity for play is one of man's characteristics. From play, there is but a short step to culture. Play means learning about skills, human relations and the expression of feelings. It also provides a link with the folk heritage. It has been said that play is a child's work. It is work at its most creative, then.

The child's play environment and equipment are a sphere that greatly interests Finnish designers, and in urban communities in particular people are now demanding higher quality and more stimulus from the places where their children play, together with more money to build them. On the other hand, Finnish children still have a great deal of unspoiled countryside within easy reach to provide a natural framework for their games.

Movement in the blood

Various forms of physical recreation are still the most usual activity of Finnish children, who learn how to ski and swim at an early age. Ball games, including a Finnish variant of baseball, are among the amusements of every boy and girl at a certain stage. In winter there is skating, bandy and ice hockey. Both classical ballet and modern dance and gymnastics are favourites. In the last ten years riding has become very popular. These various sports are provided by municipal sports committees, sports and gymnastics clubs, private hobby circles, organizations and schools.

Music and acting

Music, singing and amateur theatricals are also close to the Finnish heart. Children's musical education and the music available to children are high quality. Adult education centres, civic colleges, the church, private choirs and orchestras, and a whole number of music schools and special music classes at comprehensive school offer plenty of opportunity for involvement. Children's gramophone records began to be produced in Finland in the '30s.

The current rethinking of theatre policy includes the encouragement of children's and young people's theatre. The aim is to make more theatre meant specifically for these groups available and to create better opportunities for freely formed groups in which children and young people are themselves involved in producing theatre.

Children's literature, art and film

All the major publishing houses produce a great deal of children's literature, both Finnish and foreign. The level of the most recent chil-

dren's literature and its illustration is very high. Standards are maintained by the declared aims of the children's writers' own association and by various State prizes.

In Finland, as elsewhere, international comic strips have a strong appeal for children. There have been calls for the re-issue of old classics to reduce the influence of comics and to keep tradition and cultural standards alive.

The Finnish library system has attached special weight to providing for children since the beginning of the century. The library network and mobile libraries bring books within the reach of children in even the most remote areas. In many places the library acts as a versatile cultural centre where the children can listen to music, see theatre and listen to stories. Library services are free.

The art clubs in schools and the courses and camps arranged by the artists' societies are always full. The art museums have worked out programmes to encourage children to learn something about art.

Some of Finland's fairly limited film production is especially for children. Finnish children's films have won several international prizes in the last few years, and animated films are especially high quality.

Radio and TV in children's culture

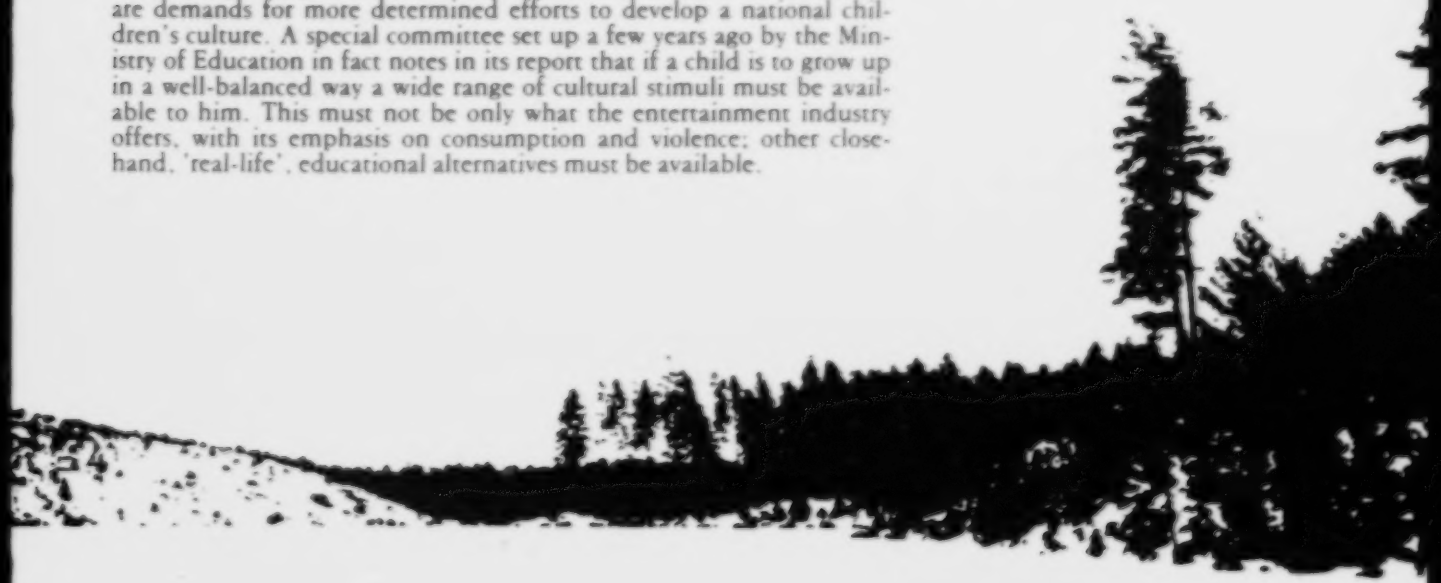
The Finnish radio transmits a wide range of talk programmes specially

for children and various music programmes. Music request programmes are especially popular. There is a wide range of TV programmes for children, especially for the pre-school level, but not very much for adolescents.

TV viewing has been researched in Finland and here, as elsewhere in the industrialized world, it has been found that children and young people tend to be passive and to watch violent, unsuitable programmes, often without proper supervision. Parent counselling stresses the need of children for a wide range of activities and warns against too much TV viewing.

The main lines of children's culture

Though children's culture has developed encouragingly, concern is felt about the growing hold of international mass entertainment, and there are demands for more determined efforts to develop a national children's culture. A special committee set up a few years ago by the Ministry of Education in fact notes in its report that if a child is to grow up in a well-balanced way a wide range of cultural stimuli must be available to him. This must not be only what the entertainment industry offers, with its emphasis on consumption and violence; other close-hand, 'real-life', educational alternatives must be available.



35

GOING TO SCHOOL

Sanna and Mikko go to school at 7. This has been the age for starting school in Finland ever since the first act on compulsory education, affecting all 7—15 year olds, was passed in 1921. A system of instruction had in fact begun back in the 1860s, though it by no means covered all children.

The binary school system which had operated for decades — primary, civic, vocational and grammar school — was merged into a comprehensive school system in stages between 1972 and 1977. The result — called the 'basic school' in Finnish — provides all 7—16 year olds with 9 years of free general education. The new comprehensive school act will have been preceded by a good ten years of experimentation and running-in.

The late school starting age compared with other European countries is largely because of Finland's huge size (337,000 sq km). There are large areas with very sparse settlement and great distances, making for long journeys to school in some places. The severe northern winter adds another difficulty.

There have been experiments for over ten years in Finland with a pre-school year combining learning and play. The new comprehensive school act states that with Ministry of Education consent pre-school instruction of at most one academic year can be arranged for children not yet of school age. The expert view is that the transitional stage offered by the pre-school is beneficial for the child's development.

Structure of the comprehensive school

In the six-year lower, or primary, stage children of 7 to 12 follow largely the same syllabus. In the first and second class there are 21 hours a week, in the third and fourth 25. Children begin the first foreign language — usually English or Swedish — in the third class. Most of this lower stage teaching is done by class teachers. Subject teachers are mainly used only for languages, and teach several classes.

At 12 the children transfer automatically to the upper stage (lower secondary), which takes three years. At this stage teaching is by specialist subject teachers, and each class has a form master or mistress who guides the children with their school work in association with the careers counsellor. At this stage pupils work both together and in separate groups, according to their choice of subjects.

One of the widest subject choices in the world

The comprehensive school teaching programme provides a broad basis of general education. As Finnish is a rare language, the main world

languages play a major role. A great deal of care is also given to the mother tongue.

The subjects covered in the curriculum are: mother tongue (i.e. Finnish or Swedish), the other of these languages, foreign languages, environmental studies, civics, religion (not compulsory under the law on freedom of worship), history, social studies, mathematics, physics, chemistry, biology, geography, physical education, music, art, handiwork, technical work, textile work and home economics. Room also has to be found for counselling. The most usual foreign languages are English, German, French and Russian, with most pupils opting for English. Groups to study rare languages can also be set up.

Side by side with the normal comprehensive system there are a few foreign-language schools and schools run by private sponsorships following their own system of pedagogics.

Right to the mother tongue

Finland has two official languages, and 6.3 % of the population consider Swedish their mother tongue. These children go to Swedish-language schools and study Finnish as their 'other' language. The right to education in one's mother tongue — and to other services in that language — is guaranteed in the constitution.

The rights of the small ethnic minority living in Lapland and speaking Lappish are provided for more loosely in a provision with a statutory basis which states that teaching can be provided in Lappish. The law knows no other ethnic or linguistic minorities, though certain organizations are fighting for the preservation of Romany and its inclusion in the school programme. By law, sign language can be used as an aid in teaching the deaf.

Teaching for all

The Education Act does not readily exempt anyone from compulsory education. Thus the teaching of backward children must also be provided for in local authority schools, either in the normal classes or in special classes. The encouraging experiences gained of integration at the day-care level speak for allowing the handicapped to study side by side with normal children. It is only when the handicap makes studying in a normal class excessively difficult that the pupil is transferred to a special class or, in the most difficult cases, into institutional care. Only a bare thousand retarded children have been completely exempted from compulsory education.

Remedial teaching and special education

A comprehensive school pupil who has temporarily lagged behind in his studies or needs extra teaching for some other reason can be given remedial teaching. This is provided by his own class teacher during the normal class. The most common subjects for such teaching are the mother tongue, mathematics and languages. The teaching is given in the normal class if possible, but if the pupil has special difficulties — for instance, with reading, writing or speech — he is sent for special teaching, for which the parents' consent is required. About 14 % of all pupils receive special teaching of this kind outside their normal class. Learning difficulties also come about for other reasons, such as problems during puberty. It is then possible to provide special teaching in transitional or backward classes, and pupils in these groups account for about 2.5 % of the total.

Figures for school attendance

In autumn 1982 almost 800,000 Finnish children were at comprehensive school and in secondary education. The figure for comprehensive school alone was 579,519 and 5.6 % of this represented children at Swedish-language schools. 110,051 were studying at senior secondary schools, somewhat over 9,000 of these at evening classes. There were 116,725 pupils at secondary-level vocational schools.

Greater cooperation between home and school

The spirit of the comprehensive school act stresses the importance of cooperation between school and home. Each comprehensive school has a statutory 'school council' comprising representatives of parents, teachers and upper-stage pupils. Voluntary 'class committees' supplement this collaboration.

When Sanna and Mikko start school they are transferred from the books of the child health clinic to the school health service. During their time at comprehensive school they also receive one free hot meal a day. If necessary, free transport to school is arranged for those starting school and at later stages the cost of journeys over 5 km is reimbursed.

As well as the form teacher and careers counsellor, there are special guidance counsellors and school psychologists available as needed. Careers guidance of a general kind and some familiarization with

working life in the last class are all part of the curriculum. The careers counsellor provides more personal guidance. The aim of these sectors of the programme is to ensure that a person leaving comprehensive school already has some idea about the society and working community that he is about to join.

SECONDARY SCHOOL LEADS TO A CAREER

After comprehensive school a pupil can continue studying at some form of secondary school and go on from there to institutes of higher education. Secondary education is provided at vocational schools and senior secondary schools.

The secondary system is currently being revised. The basic vocational schools provide basic training in 24 different fields, offering over 200 choices of specialization. The aim is to launch the last basic course (social services) in 1988.

There are almost 600 vocational institutions supervised and largely maintained by the public authorities in Finland, with some 160,000 students.

Senior secondary school

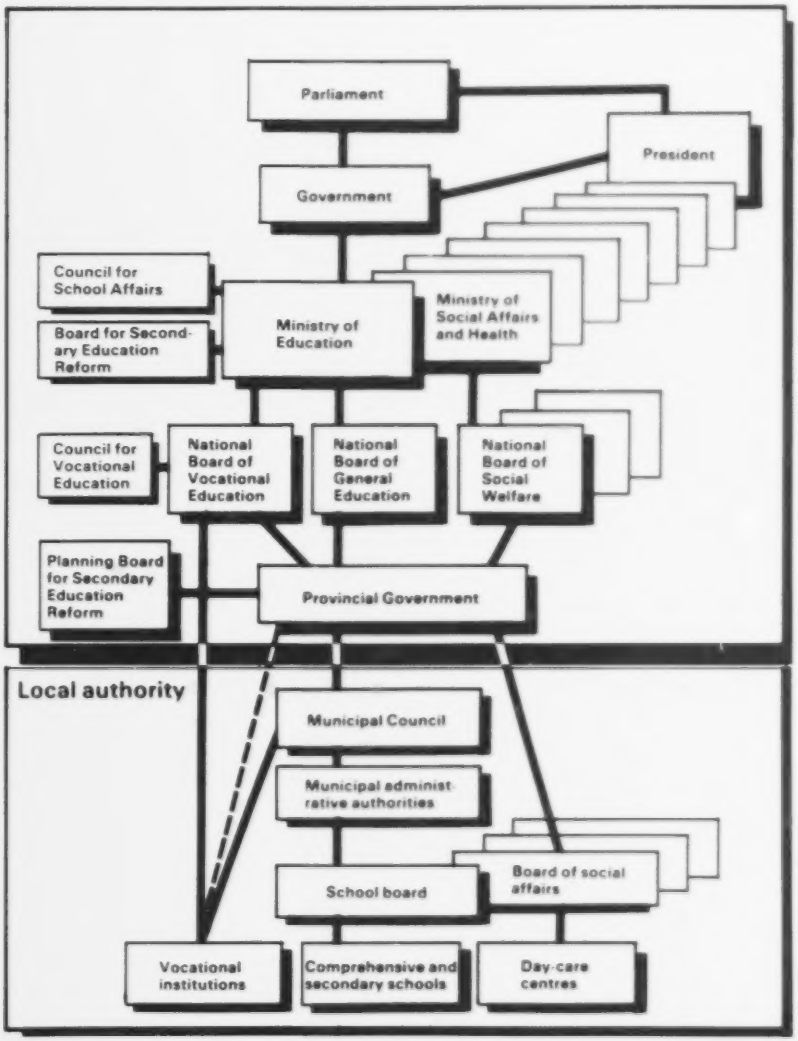
Secondary education is also provided at the senior secondary schools, which mainly prepare pupils for higher education. Finland can boast one of the highest figures in the world for senior secondary school density, and about half of the relevant age group still apply for entry. However, there are not enough places in higher education for all those who complete the three-year course and take the matriculation examination. When the secondary level reform is complete, pupils will be channelled more selectively than at present into suitable vocational lines. As part of the reform programme the senior secondary school changed over in autumn 1982 to course-based studies, with the aim of increasing pupils' preparedness for studies in higher education.

Both the comprehensive school and the senior secondary school requirements can be met at evening classes or as a private student. Study

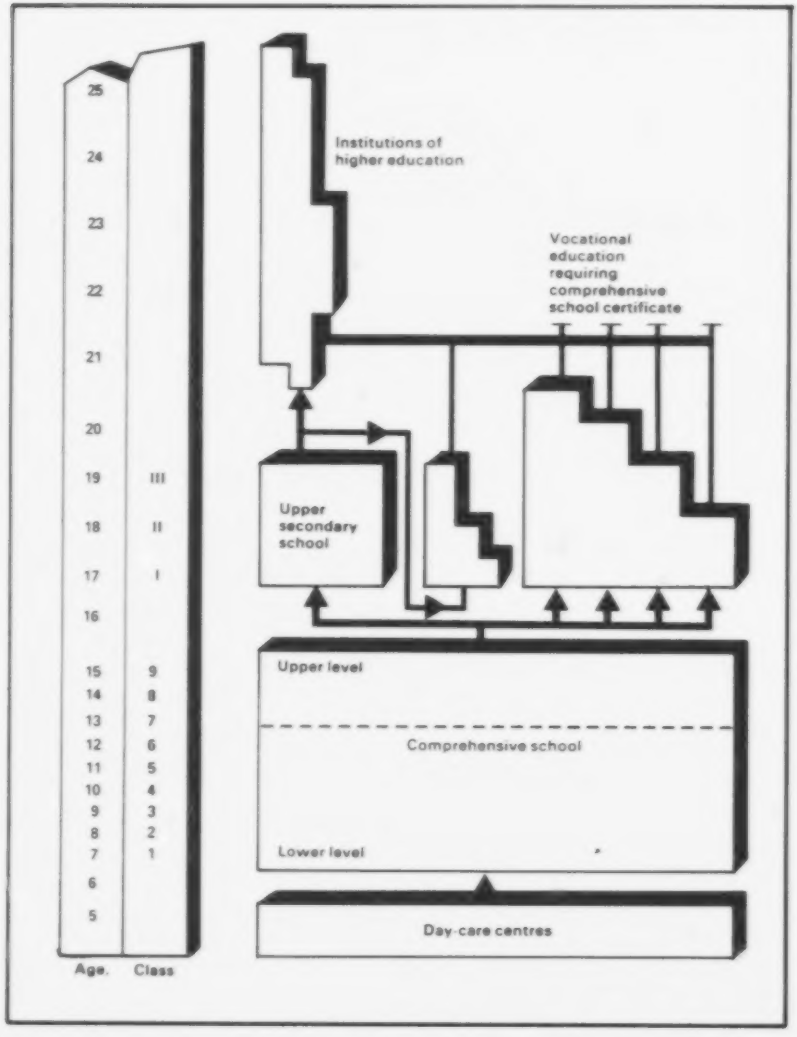
Maximum group size in classes 1—2 of comprehensive school 25
Maximum group size in classes 3—9 of comprehensive school 32
Maximum group size at senior secondary school 36

There are 190 working days in the comprehensive school year.
The summer holiday is about 2 1/2 months long (beginning of June to mid August).
The Christmas holiday is at least 11 days, the Easter holiday 5 days.
A 'sports holiday' of at most 6 days is given in February-March.

THE ADMINISTRATIVE ORGANIZATION OF THE SCHOOL SYSTEM



THE PRIMARY AND SECONDARY EDUCATION SYSTEM



opportunities are also provided by civic and workers' institutes, adult education centres and correspondence colleges.

One of the most important achievements of the educational reform programme is greater flexibility. In theory, at least, there is a greater opportunity than before for higher-level education once the initial stages have been taken. On the other hand, society's aim in reforming the secondary system is also to ensure a more systematic supply of trained labour for the various sectors than the old system of binary education allowed.

Teacher training following behind

The statute on teacher training of 1973 standardized the training of comprehensive school and senior secondary school teachers, making it an academic programme provided by the universities and corresponding to at least a lower-level Candidate's degree (roughly equivalent to a general Bachelor's degree in Britain). In 1973—75 the training of class teachers, subject teachers, special teachers and careers counsellors was completely turned over to the universities.

RIGHTS AND RESPONSIBILITIES

Sanna and Mikko live in a country in which children are protected by many acts and statutes, as well as under the constitution. Finland naturally ratified the United Nations Declaration of Human Rights in 1948 and the Declaration of Children's Rights in 1959. Sanna and Mikko's primary guardians are their parents. This guardianship ends when the child reaches 18, and under the new act on child welfare he is then no longer considered a minor. On reaching 18 he gains the right to vote in national and municipal elections, control over his own property and the right to marry. He can get a passport without his parents' consent, has complete freedom of speech and, as he has officially come of age, is entitled to decide all matters that concern himself. If Sanna and Mikko want to take summer jobs during their school holidays they can already sign their own agreements at the age of 15, though they cannot work longer than 6 hours a day. At the same age the Finnish juvenile starts to answer for his own crimes; earlier his acts were his par-

Ensuring the child's well-being

For Sanna and Mikko, being born in Finland means that many things in life are better than for millions of other children elsewhere in the world. However, every country still has its aspirations, and even affluence may hide some major deficiencies.

ents' responsibility. The criminal code prescribes less severe punishments for 15 to 17 year olds.

Compulsory education ends at 16. The following year Sanna may get married if her parents give their consent, but Mikko has to wait until he is 18. If they wish to marry earlier, they need presidential permission.

Mikko can join the army as a volunteer at the age of 17. Compulsory military service does not come until 19—20, and takes a minimum of 8 months. Exemption can be granted from military service on strongly held religious or ethical grounds, and either unarmed or civilian service done to replace it.

There are minimum age limits for various jobs and professions, such as 21 for a clergyman, bus driver, airline pilot or prison guard, and 25 for an assize court judge.

Cigarettes and tobacco may not be sold to anyone under 16, mild alcoholic drinks sold or served to anyone under 18, and strong liquor to anyone under 20.

HOW THE LAW PROTECTS THE CHILD

One of the main goals of family policy is to ensure that every child has the best possible and uniform opportunities for development and a position of true equality in society. An important role here is played by the legislation on the standing of families and the position of the child in the family.

Changing public opinion — attitudes to divorce, illegitimacy, single-parent families, 'open unions', etc. — has also brought about adjustments in the legislation. Within the last decade almost all the provisions that used to give children different standings according to birth have been repealed. For instance, all children are entitled to maintenance from their parents and to inherit from them, whether legitimate or not.

An important reform aimed at improving the standing, rights and

well-being of the child is the Act on Child Custody and Right of Access that will come into effect in 1984. Under the new act custody is awarded according to the best interests of the child, and the act also stresses the child's right to receive care from both parents. This means that the child is guaranteed the right to see the parent no longer forming part of the family. Integrated with this is the modern principle that the child's own wishes should be taken more fully into account.

The need for understanding

As far as upbringing is concerned, the new act is centred around the child's need for understanding, security and tenderness. As well as providing some actual directives on upbringing, the law includes a ban on the use in upbringing of any measures that degrade or harm the child, especially corporal punishment.

Child-battering per se has long roots: it is merely the social model of the hour that decides whether it is called 'discipline' or child-beating.

The legislation on corporal punishment has been revised in many countries. In Norway it was forbidden in 1972, in Sweden in 1979, and now it is being banned in Finland.

In reality, child-battering has many causes and it is unfortunately something that tends to be kept within the four walls of the home. It is generally acknowledged that some of the 'accident' figures in fact represent child-battering.

Corporal punishment is usually meant as a disciplinary measure, but often the reason is the adult's own worries, problems or immaturity. The child welfare authorities take action over about 150 children a year who have been maltreated, but the statistics do not tell the whole truth. One can only guess at the real figures for physical and mental ill-treatment of children. Refuges have been set up in the larger towns in recent years to which the family or family members can resort in the face of acute violence.

For the child's good

In the '80s information and counselling has worked towards ensuring that parents understand what is good for the child. Various campaigns have urged parents to seek help rather than get caught up in the vicious circle that all too often ends in child-battering. Study of the family's financial and psychological problems is seen as a form of first aid in which society should invest generously, rather than squander the same money on the hospital care of a battered child in a case that may sometimes even lead to permanent disability.

As well as single parents, student families, self-employed families and families in which those taking care of the child are not in regular employment all need special help. In family life, the greatest economic burdens come when the children are small and the parents' careers are only just beginning. Thought has been given recently to ways in which the needs of the family could be better taken into account in working life. Housing difficulties are of particular concern in Finland at the moment. Ensuring the family its first home through long-term loans and more rented housing is one of the greatest and most urgent challenges at the moment.

WORK FOR CHILD WELFARE

In the old days, child welfare work was prompted mainly by hunger, poverty, sickness, war, economic depression and other dramatic and violent causes. Finland passed its first child welfare act as early as 1936, however, and this prescribed the functions and services intended to promote a safe environment, back up home care of the child and provide care if the parents could not do so for some reason.

Early achievements of child welfare included the alleviation of extreme want and deprivation, the care of orphans and other children in need, and improved labour protection, such as limitations on the use of child labour.

Change brings a new act

In fifty years society has changed a great deal, and so has the status of the child. The old child welfare act has long proved insufficient to meet present needs.

The forthcoming Child Welfare Act has been carefully and lengthily prepared. The bill was debated and passed by Parliament in 1983, and the new law takes effect at the beginning of 1984.

There have been many changes in child welfare merely at the practical level, and these have influenced the deliberations of the committees working on the new act and the lines laid down in it. The reform is part of an overhaul of the entire social services and provides more flexible and effective safeguards for the child's health and happiness.

Higher standards of living and affluence have not necessarily all worked for the good of children. The new law emphasizes the social and legal standing of the child. In this respect Finland is following the same lines as the Federal Republic of Germany, Britain, France and Norway, which have recently also reformed their legislation. The fundamental principles of the law are the importance of preventive work and the prime interests of the child. The child's own wishes are also given more weight than before. The importance of improving aftercare is also stressed.

As the new act attaches special attention to improving the conditions under which the child grows up, its effects extend to the school, the health services, building, housing, the family and culture. The new law considers that all these must operate so as to take the priorities of child welfare into account.

Improving the conditions in which the child grows up and help with rearing are the general, broader sphere of child welfare that takes in

many basic services and forms part of social progress as a whole.

The forms taken by child welfare are: open care, child custody and foster care, and aftercare.

'Open care' relies a great deal on advice and guidance, and in this the basic services can be supplemented by a personal confidant, help with housing and accommodation, and intensified family aid, i.e. a municipal home help. Financial assistance and backing for various activities and recreations are also considered forms of open care. Under the new act, family placement and even residential care can be used temporarily as means of open care. Open care stresses the primary importance of a home upbringing and support that helps ensure that the child can continue to be cared for and reared in its own home.

Ensuring a holiday for children from poor or disadvantaged family backgrounds has been one form of child welfare open care for decades. The local authorities and schools are required to arrange holiday activities for children who would otherwise lack them. Holidays for children are also arranged by various voluntary organizations.

Taking a child into care, or 'custody', requires an official decision. Under the law the municipal board of social affairs can take a child into care if deficiencies in the way it is cared for or other features of the home background threaten to seriously endanger the child's health or development. Custody can also be resorted to if the child himself seriously endangers his own health or development by drug or alcohol abuse, criminal activities or other comparable behaviour.

Custody is resorted to when open care is inadequate or if official foster care is thought to be in the child's best interests.

Foster care

Foster care means arranging for the child to be placed in a private home or in some other family-like establishment. Over half the children taken into custody are placed in foster families. The foster parents then have a contract with the local board of social affairs and receive maintenance for the child. Another form is a family home. The persons looking after the child are professionals employed by the local authority and the child is cared for either at their home or at one belonging to the local authority.

Foster care can be provided as a long-term home replacement, lasting to adulthood, and also to reinforce home rearing in the case of short-term problems, such as a parent's serious illness or other crises, or for problem cases with young adolescents.

Foster care is considered a good answer for the child, allowing him to develop emotionally in a homelike background.

Foster parents have in recent years started to get organized, to try to improve the standing of foster care. They have formed regional associations and in 1983 established a national federation of foster care.

Residential care

A child taken into care can also be placed in a children's home, young people's home, community home, etc. There are several types of children's homes in Finland, including those for small children, reception centres, homes for groups of families and special children's homes. A child taken into care is placed as suitably as possible considering his age and particular problem. Efforts are being made to increase the number of special children's homes which can deal with psychiatric problems, as the nature of child disturbances in recent years has begun to call for psychiatric expertise. Care is also provided by private children's homes. In 1981 Finland had altogether 173 children's homes.

The community homes provide rearing, care and comprehensive or vocational education for juveniles who are not suited to foster care or a children's home. This mainly means those with social adjustment problems, and thus the community home falls somewhere between the social services and the penal system. There are 10 State-owned community homes in Finland and 2 private ones.

Staff training

In 1988 a new four-year training course for children's home staff, meant for those with a comprehensive school background, is beginning as part of the secondary-level reform programme. This new form of training will, it is hoped, help meet the shortage of trained staff in this sphere.

Aftercare an important stage

When a child leaves foster care to start life on his own or possibly returns to his own home, 'aftercare' is extremely important. The use of 'back-up families' has given good results in solving this problem. A national experiment is also currently going on aimed at finding ways of helping young people under the custody of the social services to live independently.

Adoption a form of child welfare

Adoptive parents also do valuable child welfare work. Adopting a child

is an irreversible step which gives the child the same rights in respect of his adopted parents as their natural children. The current law on adoption is rather new. It puts the child's interests first and, for instance, guarantees right of inheritance equally with the natural children of the adoptive parents.

Adoption is preceded by statutory counselling and requires the express consent of both the adoptive and the natural parents. If the child is over 12, his consent is also required. The standards set for adoptive parents are very high, and they must prove themselves suited to bringing up a child.

The law on adoption is currently being supplemented to include international adoptions and to ensure that these are covered by the same regulations as Finnish adoptions.

In 1980, 493 adoptions were officially confirmed in Finland.

Unofficial foster care

In the case of unofficial foster care the municipal board of social affairs does not take the child into custody, but the parents or parent can have the child cared for and reared by grandparents, other relations or even outsiders willing to undertake the responsibility. Under this arrangement the juvenile remains his own parents' child and the whole arrangement can be freely dissolved. Even so, the board of social affairs must be informed where the child is being cared for.

Child welfare and juvenile offenders

Criminal responsibility begins in Finland at the age of 15. The police naturally investigate the offences of children below this age, and inform the parents and child welfare authorities. The parents are primarily held responsible, but the child welfare authorities are required to watch over the legal process and consider whether the juvenile concerned is in need of care.

A child welfare officer must be present at all court sittings concerning children under 18 and up to the age of 20 the child welfare and penal authorities are required to make a report on the child's social background if the sentence passed is more than a fine.

The current trend is away from prison sentences in the case of juveniles, and towards alternative 'non-prison' rulings. The forms these can take include both fines and not recording the offence, not making a charge, not passing sentence and passing a suspended sentence. If a minor is given a suspended prison sentence a supervision order is usual-

ly issued for 1—3 years, under social workers provided by the child welfare authorities or probation officers from the Probation and Aftercare Association.

Statistically speaking, juvenile delinquency has not greatly increased in Finland in the last ten years. However, the emphasis has shifted to younger age groups. About 2 % of all offences coming to the attention of the police are committed by children under 15. Juvenile offences are mainly crimes against property, though there has also been an increase in violence, and cases of assault by juveniles have taken on a more vicious character.

Reasons for juvenile crime

Juvenile crime is seen increasingly clearly as something resulting from various deficiencies in the home background and as a sign of the indifference shown by our commercialized and in many ways disturbed and unbalanced society. Training in human relations, improved housing, backing for families, help with difficulties at school and other preventive work are considered viable means of deterring juvenile crime. Much still needs to be done to clarify the division of labour and other common concerns between the child welfare and penal authorities.

Drug abuse by juveniles calls for special action. Over 15 per cent of child care cases involve drug and alcohol abuse. Though drugs proper have infiltrated into Finland, the number of young Finns who take drugs is small compared with the situation in Sweden and Denmark, for instance. Usually, drug-taking is limited to an experiment which is not continued. Even so, the authorities are prepared for an increase in the drug problem. Information and attitude training are widely used to help combat it.

WHO IS RESPONSIBLE FOR CHILD WELFARE IN FINLAND?

Under the child welfare act the local authorities must see to it that their child welfare service meets the need in both quantity and quality. The

State is responsible for watching over the law, issuing national plans and directives, and bearing some of the financial load through government subsidies and contributions.

At the national level, child welfare comes under the Ministry of Health and Social Affairs, the central authority being the National Board of Social Welfare.

At the local level, child welfare comes under the municipal board of social affairs, which is in turn instructed by the four-year elected Municipal Council.

The board of social affairs largely has the decision-making power, but major issues are debated by the Municipal Council, and if necessary reports and drafting work are done by other boards such as those dealing with youth matters, education and culture.

In practice, therefore, strictly statutory child welfare work is carried out in Finland by the local authorities.

Active organizations

Many matters in Finland are handled by voluntary organizations as well as by the authorities. In both the health services and child welfare these organizations do pioneering work. They carry out experiments and development programmes and also play an important role in supplementing and backing up public services, and in providing information and counselling. For instance, adoption counselling as called for by the law is largely done by a private organization.

Even before the first child welfare act was passed in 1936 there were several organizations working for children in Finland, and it was this work that provided the spur for the legislation. Even today, in spite of all the legal reforms, the voluntary organizations are needed to supplement the official work of child welfare and to channel its effects. New ideas and experiments are gradually filtered through the organizations into official government policy, as many details in the new Child Welfare Act demonstrate.

A list of the members of the Central Union for Child Welfare in Finland, all of which work for the good of children, is given on page 62.

The government and local authorities support the work of the child welfare organizations financially. Some also receive aid out of the profits of the central slot machine organization (a peculiarity of Finland). The profits of the Linnanmäki amusement park in Helsinki are divided up between the child welfare organizations which are members of the Foundation that maintains it.

SANNA AND MIKKO AS ADOLESCENTS

In their fifth or sixth year at school Sanna and Mikko must be counted as adolescents, for at 12 they are already considered 'young people'. Their horizons widen, they become more socially aware and begin to identify with larger groups, to join up with the restless breakaways — 'youth' — that make themselves so conspicuous on the social scene and are described variously as 'gorgeous' or 'ghastly', depending on one's viewpoint. Their behaviour is largely dictated by opposition to the older generation, and the need to find their own way and develop their own cultural modes. As in all industrialized countries, in Finland it is the young, especially, that are the target of aggressive commercialism. In many ways the teenager lives in a bewildering crossfire of influences.

If his home background is good and well-balanced he will usually survive this stage without suffering too much harm. But the groups of young people crying out in desperation are growing. A society itself suffering the pangs of adolescence has not yet had time to create the secure foundation on which a child can grow actively towards adulthood through his own period of rebellion and desperation. Frustration, rejection and insecurity as a child all find release through the gang front. Much is expected from progressive modern attitudes, with their emphasis on prevention, and from the new Child Welfare Act — especially ways of helping the juvenile before he becomes a problem case.

Youth policy

The term 'youth policy' became an established sociological concept after the Second World War. Young people began to be seen as a special grouping by both national and local government, and budgets started to include the item 'appropriations for youth work'.

Youth policy in itself concerns youth employment, housing, and recreational and cultural activities. Its aims are to create conditions favourable for growth and development and to smooth young people's path to life in the adult community.

Like most industrialized countries, Finland suffers from youth unemployment. The recently developed scheme of 'social guarantees' is one attempt to ease the situation. This means that young people are given priority over older age groups when work is available. Employers taking on young people are 'rewarded' with certain forms of relief.

Suggestions to improve the housing situation for young people include the construction of more rented housing and greater flexibility in the existing system of government housing loans.

Local authority youth work

Finland's local authorities are required by law to carry out youth work. They receive State aid to finance their own youth activities and to provide subsidies for youth organizations. The government also backs these organizations direct. Local youth work is planned and supervised by the municipal youth boards, and carried out through special Youth Offices.

The local Youth Office arranges cultural and recreational leisure activities for young people and tries to help them with their psychological and practical problems. The 'gang work' done by local youth leaders concentrates on problem groups, defusing possible disruption and encouraging potential troublemaking 'gangs' off the streets and into more constructive activities. It is an aspect of youth work that has proved increasingly important recently.

At their best, the youth facilities built by local authorities are versatile centres for all kinds of creative work. However, there are nowhere near enough such special youth centres.

Organizations providing recreational opportunities

The young people's own interest groups, such as student associations, engage in a wide range of cultural and recreational activities. The sports clubs offer all kinds of physical recreation, both competitive and non-competitive. There are dozens of civic organizations that arrange leisure activities for young people. The churches do a great deal of youth work, and the scout movement has a well-established following in Finland. A vital feature of the work done by Finland's many cultural associations is activation of young people.

Physical recreation, folk culture, practical skills, various art forms, languages, nature protection, international cooperation and work for peace are typical forms of activity in the numerous voluntary organizations that work for the young. These receive State aid but rely largely on volunteers and the enthusiasm of their members.

The political parties all have youth sections, which educate new party members as well as engage in various leisure activities.

The choices of organization made by young people are illustrated by a couple of figures. The political youth organizations have 170 000 members. Cultural and recreational organizations can claim close on 400 000. Statistically speaking, well over half a million young Finns belong to some organization. The figure is not an absolute one, as many young people belong to more than one organization, and the

58

political associations, for instance, have a large number of passive members.

Youth sub-culture

Side by side with official youth policy there is the young people's own sub-culture. Some of the best forms this takes include the repair and maintenance of club rooms, voluntary work to help other young people in trouble, poetry and graphics published in independently produced papers, and music and theatre that do not form part of the commercial output.

This sometimes refractory youth sub-culture provides new blood for our national culture, the healthy renewal that every nation needs.

TOWARDS ADULTHOOD

Sanna and Mikko have gone through many stages in their journey towards independent adult life. The first was finishing comprehensive school at the age of 16. Then came an important transition stage: completing the secondary level at vocational or senior secondary school. At 18 Sanna and Mikko come of age and get the vote.

Who do they vote for? That we shall never know, for voting in Finland is secret. But we know what kind of hopes they cherish. A recent study of what young people held important put at the top of the list close human relations, a good home and family, a stable emotional state, a job and profession or trade, and world peace. All young people share a fear of unemployment and war.

Sanna and Mikko can use their vote to help ensure that the nation gets representatives that really pursue its good. But as adults they have the chance to share in the advancement of society in many other ways, too. They will certainly work to improve the environment, and to achieve better surroundings and closer human contacts. They may perhaps get used to the idea that there is not enough work to go round, at least on a full-time basis. But that may bring other things of value into their lives, such as more active involvement in the home and environment. One thing they will certainly wish for is to ensure a warm, secure life for their own children.

60

CONTENTS

3 TO THE READER

4 A CHILD IS EXPECTED
4 THE FINNISH FAMILY
Violent social change
Family structure
Families getting smaller
People marrying later
Single-parent families more common

7 THE FAMILY STILL THE BASIC UNIT OF SOCIETY
Flexibility vital
Backing for families from the public purse
The main lines of social security
Family taxation
Family allowance Main emphasis on services

12 100 YEARS OF NATIONAL HEALTH
Over 50 years of maternity clinics
Accident prevention a vital task

13 CAREFULLY WATCHED FROM THE FIRST WEEKS ON
Family planning
Maternity grant
Maternity clinics, maternity leave, maternity allowances
Softer births

16 A NEW CUSTOMER FOR THE CLINIC
The first year important
Growth and development year by year
Help with problems
Families need moral support

21 PEDIATRICS IN FINLAND
Figures on hospital places

21 CARE OF HANDICAPPED CHILDREN
Financial aid
Moral support for the family
Environmental planning for the disabled

24 CARE OF THE CHILD BEFORE SCHOOL AGE
Day nurseries since last century
The new act and the latest trends
Day-care centre, family day care, guidance of play and activities
Moderate charges
Day care under constant development
Backing for home care
Activities for children
The day-care system

31 PLAY AND CHILDREN'S CULTURE
Movement in the blood
Music and acting
Children's literature, art and film
Radio and TV in children's culture
The main lines of children's culture

37 GOING TO SCHOOL
Structure of the comprehensive school
One of the widest subject choices in the world
Right to the mother tongue
Teaching for all
Remedial teaching and special education
Greater cooperation between home and school
Figures for school attendance

41 SECONDARY SCHOOL LEADS TO A CAREER
Senior secondary school
Teacher training following behind

45 RIGHTS AND RESPONSIBILITIES

46 HOW THE LAW PROTECTS THE CHILD
The need for understanding
For the child's good
Ensuring the child's well-being

48 WORK FOR CHILD WELFARE
Change brings a new act
Foster care
Residential care
Staff training
Aftercare an important stage
Adoption a form of child welfare
Unofficial foster care
Child welfare and juvenile offenders
Reasons for juvenile crime

52 WHO IS RESPONSIBLE FOR CHILD WELFARE IN FINLAND?
Active organizations

54 SANNA AND MIKKO AS ADOLESCENTS
Youth policy
Local authority youth work
Organizations providing recreational opportunities
Youth sub-culture

58 TOWARDS ADULTHOOD

62 APPENDIX

APPENDIX

MEMBER ORGANIZATIONS OF THE CENTRAL UNION FOR CHILD WELFARE IN FINLAND

Barnavårdsföreningen i Finland (Children's Welfare Society)
Stenbäcksgatan 7 B, 00250 Helsingfors 25. Tel. (90) 415 474

Barnens By (Children's Village)
c/o V. häradsh. Gustaf Laurent, Gamlasvägen 8 F, 00420 Helsingfors 42. Tel. (90) 433 655

Barnens Värn (Protection of Children Association)
Barnens By, Fagerstad 278 A, 07450 Vålax. Tel. (915) 44 228

Barnhemsföreningen i Gamlakarleby (Children's Home Association in Gamlakarleby)
Folkskolegatan 9, 67100 Karleby 10. Tel. (968) 12 342.

Barnhemsföreningen Sparvboet ("Sparrow's Nest" Children's Home Society)
Bangatan 2, 66900 Nykarleby. Tel. (967) 20 052

Ensi Kotien Liitto (Mother and Child Homes Federation)
Museokatu 24 A 4, 00100 Helsinki 10. Tel. (90) 409 710

Finlands Barnavårdarinneförening (Swedish-language Association of Children's Nurses in Finland)
Smedsgatan 19 A, 00150 Helsingfors 15. Tel. (90) 654 036

Finlands svenska socialförbund (Swedish-language Association for Social Welfare in Finland)
Socialkansliet / Guy Hindrén, 02400 Kyrkslätt

Förbundet De Utvecklingsstördas Väl (Swedish-language Association for the Mentally Handicapped)
Tölögatan 27 A 15, 00260 Helsingfors 26. Tel. (90) 407 615.

Haukkalan lastenpsykiatrisen hoitolaitoksen kannatusyhdistys (Patron's Society for the Haukkala Children's Neuropsychiatrical Clinic)
Haukkalantie 42, 40740 Jyväskylä 74. Tel. (941) 252 411

Helsingin Diakonissalaitoksen säätiö (Helsinki Deaconess Institute Foundation)
Alppikatu 2, 00530 Helsinki 53. Tel. (90) 750 161

Helsingin evankelis-luterilaisten seurakuntien seurakuntayhtymän diakoniakeskus (Deaconry of the Evangelical Lutheran Parishes of Helsinki)
Annankatu 14 C 14, 00120 Helsinki 12. Tel. (90) 601 211

Helsingin Kaupunkilähetys (Helsinki City Mission Society)
Hämeentie 62 D, 00500 Helsinki 50. Tel. (90) 753 1704

Interpedia — Children of the World
PB 19, 65450. Solf. Tel. (961) 35 358

Kalliolan Lastenkoti (Kalliola Children's Home)
Varalankatu 32, 33240 Tampere 24. Tel. (931) 23 426

Kasvatuksen Liitto (League for Education)
Väinämöisenkatu 23, 00100 Helsinki 10. Tel. (90) 408 560

Kehitysvammaisten Tukiliitto (League for the Support of the Handicapped)
Aleksanterinkatu 31 A 12, 33100 Tampere 10. Tel. (931) 114 500

Koti- ja Koulu -yhdistysten Liitto (Federation for School and Home Associations)
Liisankatu 12 C, 00170 Helsinki 17. Tel. (90) 628 290

Kotkan yksityisen lastentarhan kannatusyhdistys (Patron's Society for Kotka Private Kindergarten)
Kymenlaaksonkatu 4, 48100 Kotka 10. Tel. (952) 13 617

Kristillis-yhteiskunnallinen Työkeskusliitto (Federation of the Christian-Social Settlements in Finland)
Sturenkatu 11, 00510 Helsinki 51. Tel. (90) 712 242, 712 133

Kuulonhuoltoliitto (The Finnish Hearing Association)
Mäkipellontie 15, 00320 Helsinki 32. Tel. (90) 578 244

Kuulovammaisten Lasten Vanhempien Liitto (Association of Parents of Hearing-Impaired Children)
Pursimiehenkatu 12, 00150 Helsinki 15. Tel. (90) 664 599

Kuurojen ja Sokeain Opettajien Liitto (Association of the Teachers of the Deaf and Blind)
Tietoniekantie 2 C 25, 40740 Jyväskylä 74. Tel. (941) 254 559, 251 411

Lapsi-Invalidien koulusäätiö (The School Foundation for Handicapped Children)
Tenholantie 11, 00280 Helsinki 28. Tel. (90) 418 155

Lasten Kesä (Child's Summer)
Kaisaniemenkatu 8, 00100 Helsinki 10. Tel. (90) 669 489

Lasten Lomayhdistys (Association for Children's Holidays)
Koskelantie 15 A 4, 00610 Helsinki 61. Tel. (90) 798 720

Lastentarhanopettajaliitto (Association of Kindergarten Teachers in Finland)
Rautatieläisenkatu 6, 00520 Helsinki 52. Tel. (90) 15 021

Lausteen Poikakoti (Lausteen poikakodin kannatusyhdistys) (Lauste Boys' Home)
Mustionkatu 3, 20750 Turku 75. Tel. (921) 441 233

Mannerheimin Lastensuojeluliitto (The Mannerheim League for Child Welfare)
Toinen linja 17, 00530 Helsinki 53. Tel. (90) 711 611

Mustalaislähetys (Gypsy Mission Society)
Katajanokankatu 4 D 23, 00160 Helsinki 16. Tel. (90) 661 939

Nuorisolaitosten Toimihenkilöt (Association of Youth Institute Employees)
Puustellin työkeskus, 41340 Laukaa. Tel. (941) 831 863

Nuorten Keskus (Christian Youth Association)
Liisankatu 27 A 5, 00170 Helsinki 17. Tel. (90) 636 424

Nuorten Ystävät (The Society for Young People's Friends)
Kajaaninkatu 26 A 5, 90100 Oulu 10. Tel. (981) 223 630

Paasikiven Nuorisokylän Säätiö (Foundation for Paasikivi Youth Village)
Paasikiven Nuorisokylä, 04220 Kerava 2. Tel. (90) 246 939

Parasta Lapsille (The Best for the Children)
Meritullinkatu 16, 00170 Helsinki 17. Tel. (90) 661 422

Pelastakaa Lapset (The Finnish Child Welfare Association Pelastakaa Lapset)
Lapinrinne 2, 00180 Helsinki 18. Tel. (90) 694 0422

Pelastusarmeijan Sosiaalinen Naistyö (Salvation Army Women's Social Services)
Uudenmaankatu 40, 00120 Helsinki 12. Tel. (90) 646 525

Perhepäivähoidon ohjaajat (Supervisors for Home Day-Care Services)
Mannerheimintie 17 E, 00250 Helsinki 25.

Poikien Keskus (Christian Boys' Association)
Vuorikatu 22 A, 00100 Helsinki 10. Tel. (90) 177 334

Rovaniemen maalaiskunnan Lastenkotiyhdistys (Children's Home Society of Rovaniemi Rural Municipality)
Vaarala 96900 Saarenkylä. Tel. (991) 89 001, 80 114

Samfundet Folkhälsan i svenska Finland ("Folkhälsan" Public Health Association)
Topeliusgatan 20, 00250 Helsingfors 25. Tel. (90) 413 433

Siunaukselan Lastenkoti (Siunauksela Children's Home)
Siunaukselan lastenkoti, 37140 Nokia 4. Tel. (931) 720 018

Sosiaalihuoltajat (Association for Social Welfare Workers)
Sosiaali- ja terveysvirasto/Pekka Saarenmaa, Aleksis Kiventie 4, 04201 Kerava. Tel. (90) 244 431/170

Sosiaalikasvattajat (Social Educators)
c/o Tuire Sinisalo, Raskinpolku 3 A 9, 20350 Turku 35

Sosiaaliturvan Keskusliitto (The Finnish Federation for Social Security and Social Welfare)
Vironkatu 6 A 11, 00170 Helsinki 17. Tel. (90) 170 455

SOS-Lapsikylä (S.O.S. Children's Villages)
Ahertajantie 6 C, 02100 Espoo 10. Tel. (90) 460 722

Stiftelsen Brita Maria Renlunds minne (Brita Maria Renlund Foundation)
Storsvängen 10 B 32, 00200 Helsinki 20. Tel. (90) 672 915

Suomen Evankelis-luterilainen Pyhäkouluyhdistys (The Finnish Sunday School Association)
Särkiniementie 7 A, 00210 Helsinki 21. Tel. (90) 692 6344

Suomen Kasvatusneuvolain liitto (Federation of Child Guidance Clinics in Finland)
Apollonkatu 3 A 2, 00100 Helsinki 10. Tel. (90) 495 956

Suomen Kirkon Sisälähetysseura (Home Mission Society of the Church of Finland)
Töölönkatu 55, 00250 Helsinki 25. Tel. (90) 440 561

Suomen Lastenhoitajaliitto (Association of Children's Nurses in Finland)
Asemamiehenkatu 4, 00520 Helsinki 52. Tel. (90) 1551

Suomen Lastenlääkäriyhdistys (Finnish Pediatric Association)
OYKS:n Lastentautien Klinikka/Kauko Kouvalainen, 90220 Oulu 22. Tel. (981) 332 033/5100

Suomen Lastenpsykiatrinen yhdistys (Finnish Child Psychiatric Association)
Haukkalan hoitolaitos Kauko Julma, Haukkalantie 42, 40740 Jyväskylä 74. Tel. (941) 252 411

Suomen 4 H-liitto (Federation of Finnish 4 H Clubs)
Bulevardi 28, 00120 Helsinki 12. Tel. (90) 645 133

Suomen Nuorten Miesten Kristillisten Yhdistysten Liitto (Y.M.C.A. of Finland)
Paraistentie 19, 00280 Helsinki 28. Tel. (90) 414 241, 473 9286

Suomen Partiolaiset (The Guides and Scouts of Finland)
Itälahdenkatu 13, 00210 Helsinki 21. Tel. (90) 692 2421

Suomen Sosialidemokraattinen Raittiusliitto (Finnish Social-Democrat Temperance Society)
Paasivuorenkatu 5 A 44, 00530 Helsinki 53. Tel. (90) 730 122

Suomen Tuberkuloosin Vastustamisyhdistys (Finnish Anti-Tuberculosis Association)
Kalevankatu 9 A 1, 00100 Helsinki 10. Tel. (90) 605 270, 605 501

Säätiö Hanna Rothmanin ja Elisabet Alanderin laitokset (Ebeneserkoti) (Ebeneser Institute)
Helsinginkatu 3—5, 00500 Helsinki 50. Tel. (90) 753 3429, 739 266

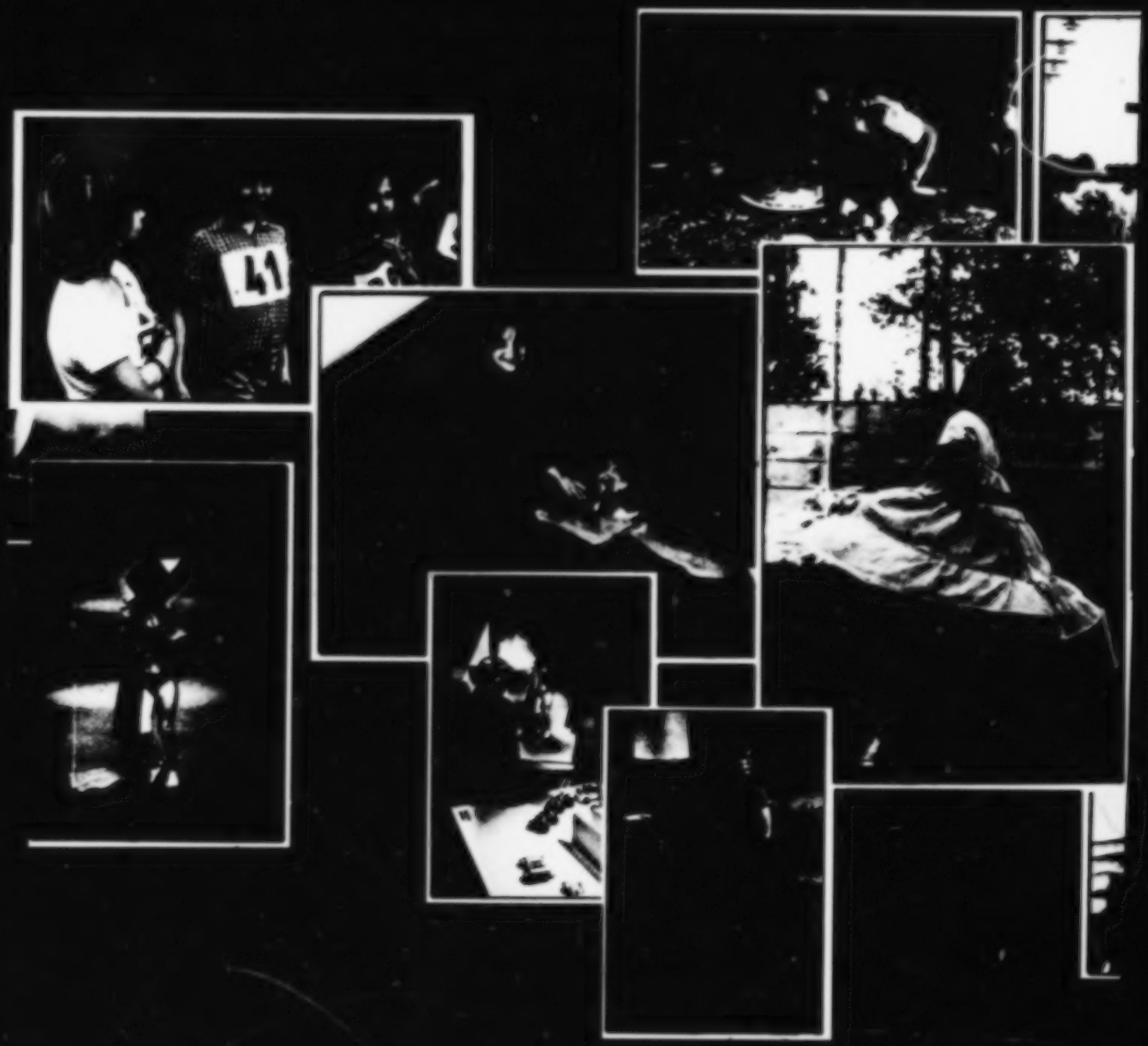
Tampereen Kaupunkilähetys (Tampere City Mission Society)
Satakunnankatu 31 C 22, 33210 Tampere 21. Tel. (931) 20 517

Toivontupa ("Toivontupa" Children's Home)
Pispalanharju 8, 33250 Tampere 25. Tel. (931) 28 096

Turun Kaupunkilähetys (Turku City Mission Society)
Betaniankatu 12, 20810 Turku 81. Tel. (921) 356 210

Turun Lastenhuoltotyöntekijät (Association of Child Welfare Workers in Turku)
c/o Markku Lehtinen, Petkeltie 8 C 84, 20540 Turku 54. Tel. (921) 372 557

Väestöliitto (The Finnish Population and Family Welfare Federation)
Kalevankatu 16, 00100 Helsinki 10. Tel. (90) 640 235


41